

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90081 001 ***367.50

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1. Entity Name

TYRONE VILLAS, INC., NO. 3 A CONDOMINIUM



Principal Place of Business

**7839 38TH PL. N.
ST. PETERSBURG FL 33709**

Mailing Address

**7839 38TH PL. N.
ST. PETERSBURG FL 33709**

66001472



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1962238

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWER, VINCENT L
7839 38TH PL N
ST. PETERSBURG FL 33709**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BAILEY, GEORGE	
STREET ADDRESS	7832 38TH PL NO	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NELSON, MAUREEN	
STREET ADDRESS	7841 38TH PLACE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	T	<input type="checkbox"/> Delete
NAME	POWER, VINCENT	
STREET ADDRESS	7807 38TH PL N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOLEK, JOSEPH	
STREET ADDRESS	7838 38TH PL N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOCLANES, VI	
STREET ADDRESS	7861 38TH TERRACE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, JUNE	
STREET ADDRESS	7865 38TH PL N	
CITY-ST-ZIP	ST PETERSBURG FL 35108	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE BAILEY	
STREET ADDRESS	7832 38TH PL. N.	
CITY-ST-ZIP	ST. PETE. FL 33709	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON MAUREEN	
STREET ADDRESS	7841 38TH PL N	
CITY-ST-ZIP	ST. PETE. FL 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA FIELEWICH	
STREET ADDRESS	7855 38TH TERRACE N.	
CITY-ST-ZIP	ST. PETE. FL. 33709	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY BANDELOW	
STREET ADDRESS	7837 38TH TERRACE N.	
CITY-ST-ZIP	ST. PETE. FL 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vincent L. Power
VINCENT L. POWER.

2-4-05

727-381-2074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #